Request for Release of Documents

U.S. Department of Housing and Urban Development

Government National Mortgage Association

OMB Approval No. 2503-0017 (exp. 7/31/99)

Public reporting burden for this collection of information is estimated to average 0.02 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2503-0017), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

Do not send this form to the above address.

The information is required by Sec. 306(a) of the National Housing Act to by GNMA Handbooks 5500.1 and 2.

To Custodian		Date Prepared by Issuer
10 Oustoulan		Date I repaired by issues
undersigned Issuer requests the release of the m be held in trust by the Issuer for the benefit of GN of GNMA and such securities holders solely for t	ortgage documents described belo NMA and the applicable securities the purpose indicated below. The	d by you in custody for the Government National Mortgage Association, the by for the reason indicated. All documents to be released to the Issuer sha holders, and the Issuer's possession of such documents shall be at the w Issuer shall return the documents to the custodian when the Issuer's nee of in accordance with the applicable GNMA Mortgage-Backed Securities Guid
Mortgagor's name, Address and Zip Code		Commitment/Pool Number
		FHA/VA/FmHA Number
		Issuer Loan Number
Reason For Requesting Documents:		
Enter Reason Number:		Settlement/Expected Return Date
1. Mortgage Paid in Full		
2. Foreclosure		
3. Substitution		
4. Other Liquidation		
5. Nonliquidation:		
Issuer Signature	Issuer Name	Issuer Number
To Custodian: Please acknowledge belo in accordance with the terms of the Custo	w by your signature the execu	ntion of the above request. You must retain this form for your fil his form, signed and dated by you, shall be given to the Issuer.
Authorized Signature of Custodian	Custodian Number	Document Release Date
Return Of Released Document(s) All Documents Released have been Returned.		
Authorized Signature of Custodian		Date Document was Returned